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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2016

Prepared for	Jefferson Regional Foundation 565 Coal Valley Road Jefferson Hills, PA 15025
Prepared by	Baker Tilly Virchow Krause, LLP 1650 Market Street, Suite 4500 Philadelphia, PA 19103
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	February 15, 2017
Special Instructions	The return should be signed and dated.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEFFERSON REGIONAL FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 565 COAL VALLEY ROAD City or town, state or province, country, and ZIP or foreign postal code JEFFERSON HILLS, PA 15025 F Name and address of principal officer: CHARLES R. MODISPACHER SAME AS C ABOVE	D Employer identification number 56-2420913 E Telephone number 412-267-6771 G Gross receipts \$ 67,767,073. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2003 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH & WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 6 16 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">2,749,393.</td> <td style="text-align: right;">1,947,309.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,749,393.</td> <td style="text-align: right;">1,947,309.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	0.	0.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,749,393.	1,947,309.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,749,393.	1,947,309.							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHARLES R. MODISPACHER, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JULIUS C. GREEN, CPA	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00350393
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ▶ 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103	Firm's EIN ▶ 39-0859910 Phone no. (215) 972-0701

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE JEFFERSON REGIONAL FOUNDATION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL THROUGH GRANTMAKING, EDUCATION AND OUTREACH. THE FOUNDATION WILL SERVE THE COMMUNITY WITH INTEGRITY AND TRANSPARENCY. ITS MAJOR PRIORITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 200,000. including grants of \$ 200,000.) (Revenue \$ 0.) SQUIRREL HILL HEALTH CENTER

THE FOUNDATION PROVIDED START-UP SUPPORT TO THE SQUIRREL HILL HEALTH CENTER TO OPEN A FEDERALLY QUALIFIED HEALTH CENTER SATELLITE IN BRENTWOOD TOWNE SQUARE, LOCATED IN THE JEFFERSON HOSPITAL SERVICE AREA, WHICH PROVIDES PRIMARY AND PREVENTIVE MEDICAL AND BEHAVIORAL HEALTH SERVICES TO THOUSANDS OF LOCAL LOW-INCOME, UNINSURED PATIENTS OF ALL AGES, INCLUDING THE GROWING POPULATION OF IMMIGRANTS AND REFUGEES.

4b (Code:) (Expenses \$ 163,000. including grants of \$ 163,000.) (Revenue \$ 0.) ALLEGHENY COUNTY LIBRARY ASSOCIATION

THE FOUNDATION PROVIDED PROGRAM SUPPORT TO EXPAND THE CAPACITY OF TEN SOUTH HILLS LIBRARIES IN THE JEFFERSON HOSPITAL SERVICE AREA TO SERVE AS COMMUNITY CENTERS AND BETTER ADDRESS THE NEEDS OF VULNERABLE POPULATIONS THROUGH DATA COLLECTION AND DEVELOPING AND IMPLEMENTING NEW COMMUNITY PARTNERSHIPS. THE SUPPORT WILL ALSO ASSIST IN DESIGNING PROGRAMMING TO MEET UNIQUE COMMUNITY NEEDS OF ITS NEW AND GROWING NUMBER OF INDIVIDUALS FREQUENTING THESE CENTERS.

4c (Code:) (Expenses \$ 135,000. including grants of \$ 135,000.) (Revenue \$ 0.) ALLEGHENY HEALTHCHOICES INC.

MENTAL HEALTH ISSUES, INCLUDING SUBSTANCE ABUSE, HAVE BEEN IDENTIFIED IN THE JEFFERSON HOSPITAL SERVICE AREA AS A CRITICAL COMMUNITY NEED. THE FOUNDATION PROVIDED SUPPORT TO A PROGRAM INTENDED TO INCREASE KNOWLEDGE AND REDUCE STIGMA (WHICH OFTEN PREVENTS PEOPLE FROM SEEKING HELP) REGARDING MENTAL HEALTH AND ADDICTION. THE PROJECT WILL TRAIN AND CERTIFY 16 LOCAL PROFESSIONALS FROM VARIED ORGANIZATIONS TO OFFER 45 EIGHT-HOUR COMMUNITY TRAININGS OF A NATIONAL, EVIDENCE-BASED PROGRAM, MENTAL HEALTH FIRST AID (MHFA) TO 1,300 RESIDENTS IN THE JEFFERSON HOSPITAL SERVICE AREA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,784,083. including grants of \$ 1,320,500.) (Revenue \$ 0.)

4e Total program service expenses 2,282,083.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CHARLES R. MODISPACHER, PRESIDENT/CEO - 412-267-6766**
565 COAL VALLEY ROAD, JEFFERSON HILLS, PA 15025

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES G. GRAHAM CHAIRPERSON	2.00	X		X				0.	0.	0.
(2) CHARLES R. MODISPACHER FIRST VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) RICHARD W. TALARICO SECOND VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(4) JOHN R. ECHEMENT PRESIDENT AND CEO (THROUGH 6/30/16)	20.00	X		X			50,000.	0.	0.	0.
(5) GARY W. DESCHAMPS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(6) J. WILLIAM RICHARDSON TREASURER	2.00	X		X				0.	0.	0.
(7) EDWARD R. MARASCO SECRETARY	2.00	X		X				0.	0.	0.
(8) AARON B. BILLGER DIRECTOR	1.00	X						0.	0.	0.
(9) GREGORY M. DEVINE DIRECTOR	1.00	X						0.	0.	0.
(10) EVAN S. FRAZIER DIRECTOR	1.00	X						0.	0.	0.
(11) MARK P. GANNON, M.D. DIRECTOR	1.00	X						0.	0.	0.
(12) JOHN J. DEMPSTER DIRECTOR	1.00	X						0.	339,237.	27,449.
(13) DANIEL A. ONORATO DIRECTOR	1.00	X						0.	0.	0.
(14) BARBARA M. MAGNOTTI DIRECTOR (THROUGH 6/30/2016)	1.00	X						0.	0.	0.
(15) HARRY J. SICH DIRECTOR	1.00	X						0.	0.	0.
(16) KAREN A. EVANS DIRECTOR	1.00	X						0.	0.	0.
(17) GREGORY A. HARBAUGH DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN D. LANGHOLZ DIRECTOR	1.00	X						0.	0.	0.
(19) GARY L. EVANS DIRECTOR	1.00	X						0.	0.	0.
(20) MATTHEW P. VIRGIN DIRECTOR	1.00	X						0.	0.	0.
(21) MARY PHAN-GRUBER EXECUTIVE DIRECTOR/ASST TR	40.00			X				135,793.	0.	23,200.
1b Sub-total								185,793.	339,237.	50,649.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								185,793.	339,237.	50,649.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,510,847.			1,510,847.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		66,256,226.					
		b Less: cost or other basis and sales expenses		65,819,764.			
		c Gain or (loss)		436,462.			
	d Net gain or (loss)			436,462.		436,462.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,947,309.	0.	0.	1,947,309.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,818,500.	1,818,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,771.	156,771.	50,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	124,722.	87,274.	37,448.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,955.	2,022.	2,933.	
9 Other employee benefits	25,078.	15,088.	9,990.	
10 Payroll taxes	23,022.	16,630.	6,392.	
11 Fees for services (non-employees):				
a Management				
b Legal	32,253.	16,127.	16,126.	
c Accounting	30,151.	15,075.	15,076.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	389,358.		389,358.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	33,257.	23,945.	9,312.	
14 Information technology	15,303.	11,018.	4,285.	
15 Royalties				
16 Occupancy	17,800.	12,816.	4,984.	
17 Travel	2,664.	1,918.	746.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,450.		7,450.	
23 Insurance	5,045.	3,632.	1,413.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INITIATIVES	88,524.	88,524.		
b DUES & MEMBERSHIPS	12,427.	8,947.	3,480.	
c PROGRAM & STAFF DEVELOP	5,271.	3,796.	1,475.	
d BANK FEES	454.		454.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,843,005.	2,282,083.	560,922.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	64,818.	2	169,678.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,709.	9	29,726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,099.		
	b Less: accumulated depreciation	10b 11,175.	10c	18,924.
	11 Investments - publicly traded securities	84,465,517.	11	83,137,473.
	12 Investments - other securities. See Part IV, line 11	3,060,847.	12	1,906,139.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,628,265.	16	85,261,940.	
Liabilities	17 Accounts payable and accrued expenses	124,440.	17	89,711.
	18 Grants payable	520,500.	18	592,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	644,940.	26	681,711.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	86,983,325.	27	84,580,229.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	86,983,325.	33	84,580,229.	
34 Total liabilities and net assets/fund balances	87,628,265.	34	85,261,940.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,947,309.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,843,005.
3	Revenue less expenses. Subtract line 2 from line 1	3	-895,696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,983,325.
5	Net unrealized gains (losses) on investments	5	-1,507,400.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,580,229.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
JEFFERSON REGIONAL MEDICAL CENTER	25-1260215	3	X		1,818,500.	
Total					1,818,500.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	X	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	X	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	X	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	X	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION D, LINE 3:

THE FOUNDATION'S BOARD INCLUDES FIVE DIRECTORS WHO HAVE BEEN APPOINTED BY JEFFERSON HOSPITAL'S BOARD. IN ADDITION, THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS SERVE AS VOTING MEMBERS ON ALL OF THE FOUNDATION'S COMMITTEES, INCLUDING THE EXECUTIVE, GOVERNANCE, GRANTS AND INVESTMENTS COMMITTEES. AS SUCH THESE JEFFERSON HOSPITAL-APPOINTED DIRECTORS EXERCISE A SIGNIFICANT VOICE IN DETERMINING THE FOUNDATION'S INVESTMENT POLICY, GRANTMAKING GUIDELINES AND AWARDS AND ALSO PROVIDE FINANCIAL OVERSIGHT. IN ADDITION, THE FOUNDATION ENGAGES IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE CEO OF JEFFERSON HOSPITAL WHO IS REGULARLY INVITED TO THE FOUNDATION'S BOARD MEETINGS.

PART IV, SECTION E, LINE 2A:

THE FOUNDATION SUPPORTS THE JEFFERSON REGIONAL MEDICAL CENTER D/B/A JEFFERSON HOSPITAL. JEFFERSON HOSPITAL'S EXEMPT PURPOSE INCLUDES IMPROVING THE HEALTH AND WELL-BEING OF THE INDIVIDUALS IN ITS SERVICE AREA, AND THIS PURPOSE IS SUBSTANTIALLY SIMILAR TO THE FOUNDATION'S MISSION. THE FOUNDATION'S ACTIVITIES DIRECTLY FURTHER JEFFERSON HOSPITAL'S EXEMPT PURPOSE BY FOCUSING ON PROGRAMS THAT SUPPORT IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY OF JEFFERSON HOSPITAL. THE FOUNDATION ENSURES THAT IT IS RESPONSIVE TO JEFFERSON HOSPITAL BY REMAINING IN CONTINUAL COMMUNICATION WITH JEFFERSON HOSPITAL MANAGEMENT, INCLUDING THE CEO OF JEFFERSON HOSPITAL WHO IS REGULARLY INVITED TO THE FOUNDATION'S BOARD MEETING AND THROUGH PARTICIPATION IN JEFFERSON HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. THE DETAIL OF BOTH OF THESE ITEMS IS DISCUSSED IN GREATER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DETAIL IN SCHEDULE O. THE FOUNDATION ENSURES THAT ITS DIRECT FURTHERANCE ACTIVITIES CONSTITUTE SUBSTANTIALLY ALL OF ITS ACTIVITIES BECAUSE EVERY GRANT IT CONSIDERS IS REVIEWED BY A GRANTS COMMITTEE WHOSE INTERNAL GUIDELINES REQUIRE IT TO CONSIDER HOW THE GRANTS CONSIDERED ALIGN WITH BOTH THE HOSPITAL'S AND THE FOUNDATION'S MISSIONS. GRANTS THAT DO NOT MEET THIS ALIGNMENT ARE GENERALLY REJECTED.

PART IV, SECTION E, LINE 2B:

PURSUANT TO SECTION 501(R) OF THE INTERNAL REVENUE CODE, JEFFERSON HOSPITAL, AS A REQUIREMENT FOR MAINTAINING ITS TAX EXEMPT STATUS, MUST DEMONSTRATE THAT IT IS ADEQUATELY ADDRESSING THE HEALTH NEEDS OF THE LOCAL COMMUNITIES IN ITS SERVICE AREA. AS PART OF THIS REQUIREMENT, JEFFERSON HOSPITAL IS REQUIRED TO ENGAGE IN A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND DEVOTE RESOURCES TO PROJECTS THAT WILL AMELIORATE THE CONCERNS RAISED BY THE CHNA. BY PARTICIPATING IN THE CHNA PROCESS AND MAINTAINING CONTINUOUS COMMUNICATIONS WITH JEFFERSON HOSPITAL'S MANAGEMENT AND STAKEHOLDERS, THE FOUNDATION ENSURES THAT IT IS WELL VERSED IN THE PRIORITIES JEFFERSON HOSPITAL WISHES TO ADDRESS. THE FOUNDATION CAN THEN LEVERAGE ITS COMMUNITY CONNECTIONS TO HELP IDENTIFY AND PROMOTE ACTIVITIES THAT WILL ADVANCE THE GOALS OF JEFFERSON HOSPITAL AS DOCUMENTED IN THE CHNA, WHILE ALSO PROVIDING THE FINANCIAL RESOURCES THAT JEFFERSON HOSPITAL LACKS TO IMPLEMENT THESE PROGRAMS UNILATERALLY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization JEFFERSON REGIONAL FOUNDATION **Employer identification number** 56-2420913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		30,099.	11,175.	18,924.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,924.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	439,909.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,507,400.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,507,400.
3	Subtract line 2e from line 1	3	1,947,309.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,947,309.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,843,005.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,843,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,843,005.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), AND IS EXEMPT FROM FEDERAL TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE CODE.

ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES IS RECORDED.

THE FOUNDATION HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A TYPE 3 FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3) OF THE CODE.

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

Part XIII Supplemental Information *(continued)*

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX
UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT
DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION
THRESHOLD IN 2016 AND 2015.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	25,000.	0.			INCREASE FOOD ACCESS AND PROMOTE SUSTAINABILITY IN THE JEFFERSON AREA BY RECOVERING VIABLE AND
ADAGIO HEALTH 960 PENN AVENUE PITTSBURGH, PA 15222	23-7104168	501(C)(3)	49,000.	0.			INCREASE OUT-OF-SCHOOL TIME PROGRAM QUALITY FOR 200 LOCAL YOUTH THROUGH TRAINING AND ADOPTION OF
ALBERT SCHWEITZER FELLOWSHIP - PITTSBURGH - 5614 ELGIN ST - PITTSBURGH, PA 15206	46-3414778	501(C)(3)	10,000.	0.			SEEK A SUSTAINABLE MODEL TO CONTINUE THE INNOVATIVE WORK OF A FEMALE FELLOW TO INCREASE
ALLEGHENY COUNTY LIBRARY ASSOCIATION - 22 WABASH ST., SUITE 202 - PITTSBURGH, PA 15220	25-1742676	501(C)(3)	163,000.	0.			EXPAND THE CAPACITY OF TEN SOUTH HILLS LIBRARIES TO SERVE AS STRONG COMMUNITY RESOURCES BY
ALLEGHENY HEALTHCHOICES INC. 444 LIBERTY AVENUE PITTSBURGH, PA 15222	25-1753032	501(C)(3)	135,000.	0.			INCREASE KNOWLEDGE AND REDUCE STIGMA REGARDING MENTAL HEALTH AND ADDICTION BY BUILDING A
ALLEGHENY INTERMEDIATE UNIT 475 EAST WATERFRONT DRIVE HOMESTEAD, PA 15120	25-6007669	501(C)(3)	25,000.	0.			SUPPORT A STRATEGIC PLANNING EFFORT FOR THE LATINO FAMILY CENTER TO IDENTIFY THE CENTER'S

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **30.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS' PLACE, INC. 2615 NORWOOD AVENUE PITTSBURGH, PA 15214	25-1450489	501(C)(3)	20,000.	0.			SUPPORT LOW-INCOME, SINGLE, FULL TIME STUDENT PARENTS RESIDING IN THE JEFFERSON AREA TO
BEST OF THE BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120	34-1900914	501(C)(3)	10,000.	0.			INCREASE PHYSICAL ACTIVITY LEVELS, PROVIDE EDUCATIONAL ENRICHMENT FOR DISADVANTAGED YOUTH,
BEVERLY'S BIRTHDAYS 31 ROBBINS STATION ROAD NORTH HUNTINGDON, PA 15642	45-4248006	501(C)(3)	15,000.	0.			CREATE POSITIVE, MEMORABLE EXPERIENCES FOR YOUNG LOW-INCOME CHILDREN AND THEIR FAMILIES AND
BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION - 4127 BROWNSVILLE ROAD - PITTSBURGH, PA 15227	25-1780107	501(C)(3)	50,000.	0.			ASSIST JEFFERSON RESIDENTS IN ACCESSING CRITICAL HEALTH, EDUCATION, AND FOOD SITES
COMMUNITY COLLEGE OF ALLEGHENY COUNTY - 808 RIDGE AVENUE BYERS HALL, ROOM 102 - PITTSBURGH, PA 15212	25-1384469	501(C)(3)	25,000.	0.			CREATE AND SUSTAIN A FOOD PANTRY ON THE CCAC SOUTH CAMPUS TO ADDRESS HUNGER AND INCREASE RETENTION
EVERY CHILD, INC. 1425 FORBES AVE., 3RD FLOOR PITTSBURGH, PA 15219	23-2914614	501(C)(3)	75,000.	0.			ENHANCE MATERNAL AND INFANT PHYSICAL AND MENTAL HEALTH FOR THE LONG-TERM BENEFIT OF 24
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN ST. - DUQUESNE, PA 15110	25-1420599	501(C)(3)	80,000.	0.			STRENGTHEN THE CAPACITY OF 45 JEFFERSON AREA FOOD ASSISTANCE PROGRAMS WHICH ARE MEMBER AGENCIES OF
GROWTH THROUGH ENERGY & COMMUNITY HEALTH (GTECH) STRATEGIES - 6587 HAMILTON AVE - PITTSBURGH, PA 15206	35-2309836	501(C)(3)	115,000.	0.			FOSTER COMMUNITY HEALTH, REVITALIZATION AND COMMUNITY OWNERSHIP BY ENGAGING CLAIRTON ADULT
GWEN'S GIRLS, INC. 711 WEST COMMONS PITTSBURGH, PA 15212	75-3114136	501(C)(3)	63,500.	0.			STRENGTHEN FAMILIES THROUGH A PSYCHO-EDUCATIONAL COMMUNITY SUPPORT GROUP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN SERVICES CENTER CORPORATION 519 PENN AVENUE TURTLE CREEK, PA 15145	25-1427632	501(C)(3)	105,000.	0.			INCREASE THE OPPORTUNITY FOR SUCCESSFUL TRANSITIONS TO CAREER AND COLLEGE FOR 76 LOW-INCOME
JEFFERSON HOSPITAL 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	25-1260215	501(C)(3)	10,000.	0.			IMPROVE OPPORTUNITIES FOR STUDENT SUCCESS THROUGH EARLIER IDENTIFICATION OF HEALTH ISSUES AND VISION
JEFFERSON HOSPITAL 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025	25-1260215	501(C)(3)	50,000.	0.			SUPPORT THE HOSPITAL'S PURCHASE OF A DEDICATED WHEELCHAIR-ACCESSIBLE AMBULANCE VAN FOR A PILOT
JEWISH FAMILY & CHILDREN'S SERVICE OF PITTSBURGH - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	50,000.	0.			PROVIDE SPECIALIZED LEGAL SERVICES FOR 200 IMMIGRANT AND REFUGEES IN THE JEFFERSON AREA ON A
LIFESPAN, INC. 314 E. 8TH AVENUE HOMESTEAD, PA 15120	23-7319621	501(C)(3)	60,000.	0.			ENGAGE 200 SENIOR REFUGEES AGE 60 OR OLDER IN CULTURALLY APPROPRIATE ACTIVITIES TO ADDRESS
PENNSYLVANIA HEALTH LAW PROJECT 415 EAST OHIO STREET PITTSBURGH, PA 15212	23-2749089	501(C)(3)	30,000.	0.			"EDUCATE, ASSIST, AND ADVISE OLDER ADULTS, CAREGIVERS, AND SUPPORTING PROFESSIONALS
SALTWORKS 569 N. NEVILLE ST PITTSBURGH, PA 15213	25-1395314	501(C)(3)	15,000.	0.			INCREASE KNOWLEDGE ABOUT THE MISUSE OF PRESCRIPTION DRUGS FOR HUNDREDS OF JEFFERSON
SOUTH HILLS INTERFAITH MOVEMENT (SHIM) - 5301 PARK AVENUE - BETHEL PARK, PA 15102	25-1213332	501(C)(3)	100,000.	0.			BUILD ORGANIZATIONAL CAPACITY TO PROVIDE KEY SERVICES IN THE SOUTH HILLS THROUGH INITIATION
SQUIRREL HILL HEALTH CENTER 4516 BROWNS HILL RD PITTSBURGH, PA 15217	20-1163755	501(C)(3)	200,000.	0.			PROVIDE START-UP SUPPORT TO OPEN A SATELLITE FEDERALLY QUALIFIED HEALTH CENTER IN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENT CONSERVATION ASSOCIATION 239 4TH AVENUE PITTSBURGH, PA 15222	91-0880684	501(C)(3)	45,000.	0.			PROVIDE 20 JEFFERSON AREA YOUTH, IN PARTNERSHIP WITH LOCAL ORGANIZATION MELTING POT MINISTRIES,
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AENUE - PITTSBURGH, PA 15222	25-1043578	501(C)(3)	92,000.	0.			SUPPORT FAMILY CAREGIVERS OF OLDER ADULTS IN THE JEFFERSON AREA BY ENGAGING TRAINED CCAC
UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH - 3343 FORBES AVE - PITTSBURGH, PA 15260	25-0965591	501(C)(3)	31,000.	0.			INCREASE THE KNOWLEDGE AND CAPACITY OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS
VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228	26-4633657	501(C)(3)	35,000.	0.			EXPLORE AND PILOT AN EXPANSION PROGRAM TO ENGAGE POST 9/11 MILITARY VETERANS IN THE JEFFERSON
YOUNG WOMENS CHRISTIAN ASSOCIATION OF PITTSBURGH - 305 WOOD STREET - PITTSBURGH, PA 15222	25-0965639	501(C)(3)	50,000.	0.			INCREASE ACCESS OF JEFFERSON AREA LOW-INCOME WORKING PARENTS AND CHILDREN TO QUALITY EARLY
YOUTH OPPORTUNITIES DEVELOPMENT 4045 VINCETON ST, 3RD FLOOR PITTSBURGH, PA 15214	45-5429765	501(C)(3)	85,000.	0.			PROVIDE PRO-SOCIAL OPPORTUNITIES FOR CLAIRTON YOUTH THROUGH A YOUTH LEADERSHIP PROGRAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

MONITORING OF GRANTS BEGINS WITH THE GRANT PROPOSAL PROCESS. APPLICANT ORGANIZATIONS ARE ASKED TO INDICATE GOALS AND MEASURABLE OBJECTIVES WHICH WILL BE ACCOMPLISHED IF THEIR PROGRAM OR PROJECT IS FUNDED. THEY ARE ALSO ASKED TO PROVIDE A NUMBER OF KEY DOCUMENTS WITH THE PROPOSAL, INCLUDING: BOARD LIST, ORGANIZATION BUDGET, MOST RECENT AUDIT, 990 TAX RETURN, STRATEGIC PLAN AND LETTERS OF SUPPORT. TAX-EXEMPT STATUS IS ALSO CHECKED. WHEN A GRANT IS AWARDED, AN ORGANIZATION IS ASKED TO SIGN A LETTER OF AGREEMENT BEFORE THE CHECK AWARD IS ISSUED. THE LETTER LISTS A NUMBER OF

Part IV Supplemental Information

TERMS AND CONDITIONS, INCLUDING THE NEED TO PROVIDE PROGRESS REPORTS AT SPECIFIC DATES, PRIOR WRITTEN APPROVAL OF ANY SUBSTANTIAL VARIANCES FROM BUDGET OR INTENT, RECORD-KEEPING, AND REQUIRED NOTIFICATIONS. MOST GRANTS REQUIRE A MID-YEAR PROGRESS REPORT AND A YEAR-END PROGRESS REPORT WHICH INDICATE RESULTS ON OBJECTIVES, INFORMATION ABOUT INTENDED AND UNINTENDED RESULTS, CHALLENGES AND A LINE ITEM FINANCIAL REPORT. STAFF REVIEW THE REPORTS AND CONFER WITH THE APPLICANT IF NEEDED. MULTI-YEAR GRANTS REQUIRE REVIEW OF A REPORT FOR EACH GRANT PERIOD BEFORE BOARD RELEASE OF FUNDING FOR THE NEXT PERIOD. SUMMARIES OF THESE REPORTS ARE PROVIDED TO THE GRANT COMMITTEE FOR DISCUSSION OF THE RESULTS AND ANY RECOMMENDED ACTION. THE COMMITTEE SHARES THE RESULTS AND RECOMMENDATIONS WITH THE BOARD FOR ANY ACTION. IN ADDITION, STAFF BUILD ONGOING RELATIONSHIPS AND MONITOR THROUGHOUT THE GRANT PERIOD THROUGH SITE VISITS, GROUP GRANTEE ORIENTATION SESSIONS AND TECHNICAL ASSISTANCE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 412 FOOD RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE FOOD ACCESS AND PROMOTE SUSTAINABILITY IN THE JEFFERSON AREA BY RECOVERING VIABLE AND HEALTHY PRODUCE FROM RETAIL DONORS AND DELIVERING IT TO NONPROFIT COMMUNITY PARTNERS THROUGH A VOLUNTEER NETWORK OF DRIVERS, AND PROMOTE USE OF HEALTHY FOODS IN DAILY DIETS THROUGH A PARTNERSHIP WITH THREE LOCAL FAMILY SUPPORT CENTERS TO OFFER AN EVIDENCE-BASED FOOD EDUCATION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: ADAGIO HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE OUT-OF-SCHOOL TIME PROGRAM QUALITY FOR 200 LOCAL YOUTH THROUGH TRAINING AND ADOPTION OF AN EVIDENCE-BASED (POSITIVE ACTION) CURRICULUM FOR MEMBER ORGANIZATIONS OF

Part IV Supplemental Information

THE CLAIRTON YOUTH COLLABORATIVE, ENGAGING ADAGIO STAFF AS MASTER TRAINERS, AND DELIVERING TRAINING TO 75 FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:

ALBERT SCHWEITZER FELLOWSHIP - PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: SEEK A SUSTAINABLE MODEL TO CONTINUE THE INNOVATIVE WORK OF A FEMALE FELLOW TO INCREASE DIABETES MANAGEMENT AND SELF-EFFICACY AMONG TEEN GIRLS LIVING WITH DIABETES IN THE STEEL VALLEY AREA THROUGH GROWING THE "SWEET SPOT" SUPPORT GROUP AND DEVELOPING LINKAGES WITH HOST AND SUPPORT ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY COUNTY LIBRARY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND THE CAPACITY OF TEN SOUTH HILLS LIBRARIES TO SERVE AS STRONG COMMUNITY RESOURCES BY ASSESSING THE NEEDS OF LOCAL RESIDENTS, DEVELOPING AND IMPLEMENTING COMMUNITY PARTNERSHIPS, AND DESIGNING PROGRAMMING TO MEET UNIQUE COMMUNITY NEEDS TO SERVE NEW AND MORE PATRONS.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY HEALTHCHOICES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE KNOWLEDGE AND REDUCE STIGMA REGARDING MENTAL HEALTH AND ADDICTION BY BUILDING A CORE OF 16 CERTIFIED LOCAL PROFESSIONAL TRAINERS FROM VARIED JEFFERSON ORGANIZATIONS TO OFFER 45 EIGHT HOUR COMMUNITY TRAININGS OF A NATIONAL, EVIDENCE-BASED PROGRAM, MENTAL HEALTH FIRST AID (MHFA) TO 1,300 JEFFERSON AREA RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY INTERMEDIATE UNIT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT A STRATEGIC PLANNING EFFORT FOR THE LATINO FAMILY CENTER TO IDENTIFY THE CENTER'S FUTURE DIRECTION IN

Part IV Supplemental Information

REMAINING RESPONSIVE TO THE GROWING LATINO COMMUNITY'S NEED AND TO PROVIDE FURNITURE FOR THE NEW EXPANDED SITE TO CONTINUE OFFERING A WELCOMING ENVIRONMENT WHERE PEOPLE FEEL VALUED.

NAME OF ORGANIZATION OR GOVERNMENT: ANGELS' PLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LOW-INCOME, SINGLE, FULL TIME STUDENT PARENTS RESIDING IN THE JEFFERSON AREA TO COMPLETE THEIR EDUCATION AND STRENGTHEN THEIR FAMILIES WHILE THEIR CHILDREN RECEIVE QUALITY EARLY CHILDCARE EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: BEST OF THE BATCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE PHYSICAL ACTIVITY LEVELS, PROVIDE EDUCATIONAL ENRICHMENT FOR DISADVANTAGED YOUTH, AND INCREASE PARENT AND COMMUNITY ENGAGEMENT THROUGH A SEVEN-WEEK SUMMER CAMP IN HOMESTEAD.

NAME OF ORGANIZATION OR GOVERNMENT: BEVERLY'S BIRTHDAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE POSITIVE, MEMORABLE EXPERIENCES FOR YOUNG LOW-INCOME CHILDREN AND THEIR FAMILIES AND INCREASE CAPACITY OF 12 LOCAL ORGANIZATIONS BY PROVIDING BIRTHDAY CHEER PROGRAMS IN THE COMMUNITIES OF CLAIRTON, DUQUESNE, HOMESTEAD, AND MCKEESPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

BRENTWOOD ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST JEFFERSON RESIDENTS IN ACCESSING CRITICAL HEALTH, EDUCATION, AND FOOD SITES BY RESEARCHING THE POSSIBILITY OF A JEFFERSON TRANSIT CIRCULATOR THROUGH A COMMUNITY-DRIVEN FEASIBILITY STUDY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY COLLEGE OF ALLEGHENY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE AND SUSTAIN A FOOD PANTRY ON THE CCAC SOUTH CAMPUS TO ADDRESS HUNGER AND INCREASE RETENTION FOR AT LEAST 50 CCAC SOUTH CAMPUS STUDENTS IN COLLABORATION WITH THE GREATER PITTSBURGH COMMUNITY FOOD BANK.

NAME OF ORGANIZATION OR GOVERNMENT: EVERY CHILD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE MATERNAL AND INFANT PHYSICAL AND MENTAL HEALTH FOR THE LONG-TERM BENEFIT OF 24 LOW-INCOME, JEFFERSON AREA MOTHERS AND CHILDREN BY OFFERING 18 WEEKS OF INDIVIDUALIZED SUPPORT FROM PREGNANCY TO POSTPARTUM DELIVERED BY INDIVIDUALS CROSS-TRAINED AS DOULAS AND SOCIAL WORKERS.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER PITTSBURGH COMMUNITY FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN THE CAPACITY OF 45 JEFFERSON AREA FOOD ASSISTANCE PROGRAMS WHICH ARE MEMBER AGENCIES OF THE GREATER PITTSBURGH COMMUNITY FOOD BANK TO IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS THROUGH ACCESS TO CAPACITY GRANTS FOR NEW EQUIPMENT, LINES OF CREDIT FOR FOOD, AND ENHANCED REFERRAL CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT:

GROWTH THROUGH ENERGY & COMMUNITY HEALTH (GTECH) STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER COMMUNITY HEALTH, REVITALIZATION AND COMMUNITY OWNERSHIP BY ENGAGING CLAIRTON ADULT AND YOUTH RESIDENTS TO CONDUCT A VACANT LAND SURVEY AND TRAINING 10-12 ADULT RESIDENT LEADERS TO MANAGE COMMUNITY PROJECTS WHICH RECLAIM AND MAINTAIN

Part IV Supplemental Information

TEN VACANT LOTS IN PARTNERSHIP WITH EDS, THE CITY OF CLAIRTON AND CLAIRTON YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: GWEN'S GIRLS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN FAMILIES THROUGH A PSYCHO-EDUCATIONAL COMMUNITY SUPPORT GROUP FOR 60 PAIRS OF GIRLS AND THEIR MOTHERS/FEMALE CAREGIVERS AND EXPAND THE SIZE AND INTENSITY OF THE CURRENT AFTERSCHOOL/SUMMER PROGRAM WITH PERSONALIZED ACADEMIC SUPPORT AND A STRUCTURED HEALTH AND WELLNESS PROGRAM FOR 39 CLAIRTON GIRLS, AGES 8-18.

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN SERVICES CENTER CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE OPPORTUNITY FOR SUCCESSFUL TRANSITIONS TO CAREER AND COLLEGE FOR 76 LOW-INCOME HIGH SCHOOL SENIORS ATTENDING WEST MIFFLIN AND MCKEESPORT SCHOOLS THROUGH AN INTENSIVE YEAR-ROUND PROGRAM WHICH OFFERS GUIDED CAREER EXPLORATION ACTIVITIES, SKILL-BUILDING, AND PERSONAL ASSISTANCE WITH CAREER & GOAL PLANNING, SCHOOL SELECTION AND APPLICATIONS, AND JOB PLACEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE OPPORTUNITIES FOR STUDENT SUCCESS THROUGH EARLIER IDENTIFICATION OF HEALTH ISSUES AND VISION AND HEARING CHALLENGES BY OFFERING ONSITE TEAMS OF JEFFERSON NURSES TO EXPAND THE CAPACITY OF THREE LOCAL SCHOOL DISTRICTS TO ACCOMPLISH ANNUAL STUDENT HEALTH SCREENINGS IN THE FALL SESSION.

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE HOSPITAL'S PURCHASE OF A

Part IV Supplemental Information

DEDICATED WHEELCHAIR-ACCESSIBLE AMBULANCE VAN FOR A PILOT PROGRAM WHICH WILL REDUCE WAIT TIMES, RISK AND CREATE EFFICIENCIES FOR PATIENTS DISCHARGED FROM THE EMERGENCY OR HOSPITAL ROOM WHO REQUIRE SPECIAL TRANSPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY & CHILDREN'S SERVICE OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SPECIALIZED LEGAL SERVICES FOR 200 IMMIGRANT AND REFUGEES IN THE JEFFERSON AREA ON A WAIT LIST TO RESOLVE CITIZENSHIP, WORK, AND FAMILY ISSUES WHICH WILL ENABLE THEM TO LIVE HEALTHIER LIVES AND CONTRIBUTE TO THE ECONOMIC VITALITY OF OUR REGION.

NAME OF ORGANIZATION OR GOVERNMENT: LIFESPAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE 200 SENIOR REFUGEES AGE 60 OR OLDER IN CULTURALLY APPROPRIATE ACTIVITIES TO ADDRESS SOCIAL ISOLATION, EDUCATIONAL OPPORTUNITIES, AND WELLNESS THROUGH THE EXISTING SENIOR SERVICES NETWORK AND A MULTI-AGENCY COLLABORATION.

NAME OF ORGANIZATION OR GOVERNMENT: PENNSYLVANIA HEALTH LAW PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: "EDUCATE, ASSIST, AND ADVISE OLDER ADULTS, CAREGIVERS, AND SUPPORTING PROFESSIONALS IN THE JEFFERSON AREA THROUGH SIGNIFICANT CHANGES IN ACCESSING LONG-TERM CARE SERVICES AT HOME OR IN A NURSING FACILITY FOR SENIORS DUALY ELIGIBLE FOR MEDICAID AND MEDICARE AS THE STATE'S NEW MANAGED CARE PROGRAM, COMMUNITY HEALTH CHOICES IS IMPLEMENTED FIRST IN THE SOUTHWESTERN PA REGION IN THE FALL OF 2016."

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SALTWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE KNOWLEDGE ABOUT THE MISUSE OF PRESCRIPTION DRUGS FOR HUNDREDS OF JEFFERSON AREA MIDDLE AND HIGH SCHOOL STUDENTS AND TEACHERS THROUGH A LIVE THEATER PRODUCTION, A CURRICULUM GUIDE FOR TEACHERS, AND A QUESTION AND ANSWER SESSION WITH YOUNG ACTORS WHO HAVE RECEIVED TRAINING ON ADDICTION ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTH HILLS INTERFAITH MOVEMENT (SHIM)

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD ORGANIZATIONAL CAPACITY TO PROVIDE KEY SERVICES IN THE SOUTH HILLS THROUGH INITIATION OF A STRATEGIC DEVELOPMENT PROGRAM THAT INCLUDES FULL-TIME DEVELOPMENT STAFFING, FACE-TO-FACE SOLICITATIONS, AN ENRICHED VOLUNTEER PROGRAM, NEW COMMUNITY OUTREACH TO ENGAGE YOUNGER DONORS, EXPANDED PARTNERSHIPS WITH THE BUSINESS COMMUNITY, AND NEW BRANDING/MARKETING EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: SQUIRREL HILL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE START-UP SUPPORT TO OPEN A SATELLITE FEDERALLY QUALIFIED HEALTH CENTER IN BRENTWOOD TOWNE SQUARE WHICH WILL PROVIDE PRIMARY AND PREVENTIVE MEDICAL AND BEHAVIORAL HEALTH SERVICES TO THOUSANDS OF LOCAL LOW-INCOME, UNINSURED PATIENTS OF ALL AGES, INCLUDING THE GROWING POPULATION OF IMMIGRANTS & REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: STUDENT CONSERVATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE 20 JEFFERSON AREA YOUTH, IN PARTNERSHIP WITH LOCAL ORGANIZATION MELTING POT MINISTRIES, THE OPPORTUNITY TO RECEIVE PAID SUMMER EMPLOYMENT, THROUGH CONSERVATION WORK IN SOUTH PARK WHILE INCREASING PHYSICAL ACTIVITY, KNOWLEDGE OF

Part IV Supplemental Information

ENVIRONMENTAL AND HEALTHY LIFESTYLE HABITS, ACCESS TO TRAINED MENTORS,
AND IMPORTANT EMPLOYMENT SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FAMILY CAREGIVERS OF OLDER
ADULTS IN THE JEFFERSON AREA BY ENGAGING TRAINED CCAC SOUTH STUDENTS TO
PROVIDE QUALITY, IN-HOME RESPITE CARE AND FOSTER INTERGENERATIONAL
MENTORING.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE THE KNOWLEDGE AND CAPACITY
OF JEFFERSON AREA NONPROFIT AND COMMUNITY ORGANIZATIONS BY PROVIDING
SPECIFIC, COMMUNITY-LEVEL DATA RESOURCES AND GROUP/INDIVIDUAL TECHNICAL
ASSISTANCE ON THE USE OF A ROBUST COMMUNITY PROFILES DATABASE THROUGH THE
SOUTHWESTERN PENNSYLVANIA COMMUNITY PROFILES PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS BREAKFAST CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPLORE AND PILOT AN EXPANSION
PROGRAM TO ENGAGE POST 9/11 MILITARY VETERANS IN THE JEFFERSON
COMMUNITIES THROUGH STORYTELLING, LEADERSHIP AND COMMUNITY ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG WOMENS CHRISTIAN ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE ACCESS OF JEFFERSON AREA
LOW-INCOME WORKING PARENTS AND CHILDREN TO QUALITY EARLY CHILDCARE
EDUCATION BY PROVIDING FINANCIAL SUPPORT AND PROFESSIONAL DEVELOPMENT TO

Part IV Supplemental Information

HOME DAYCARE CENTERS TO MEET NEW FEDERAL LICENSING REQUIREMENTS ENABLING THEM TO GROW THEIR QUALITY, CAPACITY & INCOME.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH OPPORTUNITIES DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PRO-SOCIAL OPPORTUNITIES FOR CLAIRTON YOUTH THROUGH A YOUTH LEADERSHIP PROGRAM WHICH INCLUDES LEADERSHIP DEVELOPMENT, COMMUNITY PROJECTS AND COMMUNITY ENGAGEMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN J. DEMPSTER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	339,237.	5,200.	22,249.	366,686.	325,713.
(2) MARY PHAN-GRUBER EXECUTIVE DIRECTOR/ASST TR	(i)	134,793.	1,000.	0.	5,610.	17,590.	158,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JOHN DEMPSTER RETIRED FROM THE JEFFERSON REGIONAL MEDICAL CENTER IN 2015;

HE RECEIVED NON-TAXABLE SEVERANCE PAYMENTS IN THE AMOUNT OF \$325,713.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization: **JEFFERSON REGIONAL FOUNDATION** Employer identification number: **56-2420913**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES G. GRAHAM	BOARD CHAIR	117,677.	SEE PART V		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: JAMES G. GRAHAM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD CHAIR

(C) AMOUNT OF TRANSACTION \$117,677

(D) DESCRIPTION OF TRANSACTION: MR. GRAHAM IS EMPLOYED BY PNC BANK AND SERVES AS THE FOUNDATION BOARD CHAIR. THE FOUNDATION MADE PAYMENTS TO PNC AS FOLLOWS:

CUSTODIAL FEES(\$77,660)

INVESTMENT ACCOUNT FEES (39,166)

BANKING ACCOUNT FEES (851)

(E) SHARING OF ORGANIZATION'S REVENUE: NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION & OUTREACH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCLUDE: INCREASING HEALTH ACCESS AND PREVENTION, IMPROVING CHILD AND
FAMILY OUTCOMES AND STRENGTHENING VULNERABLE POPULATIONS AND
COMMUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

JEFFERSON COMMUNITY COLLABORATIVE

THE FOUNDATION LAUNCHED AND HOSTED THE JEFFERSON COMMUNITY

COLLABORATIVE, A NETWORK OF MORE THAN 50 LOCAL COMMUNITY-BASED AND

PUBLIC ORGANIZATIONS SERVING THE JEFFERSON HOSPITAL SERVICE AREA.

PARTICIPATING ORGANIZATIONS INCLUDE NONPROFIT HEALTH AND HUMAN SERVICE

PROVIDERS, LIBRARIES, JEFFERSON HOSPITAL STAFF, AND OTHER COMMUNITY AND

CIVIC ORGANIZATIONS. THE COLLABORATIVE EMERGED DIRECTLY FROM THE ENERGY

AND INTEREST GENERATED TO CONTINUE MEETING DURING THE FIRST JEFFERSON

FORUM IN JUNE 2015. THE COLLABORATIVE WAS ORGANIZED INTO THREE WORKING

TEAMS (I) HEALTHY RESIDENTS, (II) STRONG FAMILIES, AND (III) THRIVING

COMMUNITIES. THESE TEAMS, WHOSE MISSION IS TO COLLABORATE ON COMMUNITY

IMPROVEMENT, MEET MONTHLY UNDER LOCAL LEADERS WHO SERVE AS CO-CHAIRS

AND WITH A CONSULTING FACILITATOR.

AS A RESULT OF THE COLLABORATIVE, A PROJECT TO EXPAND MENTAL HEALTH

AWARENESS AND REDUCE STIGMA USING AN EVIDENCE-BASED PROGRAM (MENTAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

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HEALTH FIRST AID) WAS DEVELOPED AND FUNDED BY THE FOUNDATION IN ITS JUNE 2015 GRANT CYCLE. THIS PROJECT WILL SUPPORT LOCAL COUNSELING PROFESSIONALS TO COMPLETE A 40 HOUR+ CERTIFICATION PROGRAM SO THAT THEY CAN OFFER 8 HOUR TRAININGS ACROSS THE COMMUNITY TO VARIOUS GROUPS.

THE JEFFERSON COMMUNITY DIRECTORY: A RESOURCE GUIDE FOR CONNECTIONS IS ANOTHER SIGNIFICANT OUTCOME OF THE COLLABORATIVE IN PARTNERSHIP WITH JEFFERSON HOSPITAL AND THE FOUNDATION. THIS SPIRAL-BOUND 128 PAGE RESOURCE DIRECTORY WAS DESIGNED AND DEVELOPED IN JUST A FEW MONTHS THROUGH THE ENGAGEMENT OF THESE PARTNERS, AND AN ONLINE VERSION IS BEING DEVELOPED AS WELL. JEFFERSON FORUM PARTICIPANTS EACH RECEIVED AN INITIAL COPY OF THE DIRECTORY-AND AFTER COLLECTING INITIAL FEEDBACK A LARGER PRINTING AND DISTRIBUTION WILL OCCUR IN THE FALL OF 2016. THE DIRECTORY IS DESIGNED AS A TOOL TO FACILITATE DIRECT CONNECTIONS BETWEEN JEFFERSON AREA RESIDENTS AND LOCAL RESOURCES-AND WILL BE DISTRIBUTED TO FRONT-LINE COMMUNITY ASSETS: CASE MANAGERS, PASTORS, PHYSICIAN OFFICES, LEGISLATIVE OFFICES, EMERGENCY SERVICES, LIBRARIES, ETC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

1. CHNA AND PRIORITIES

THE FOUNDATION'S PRIMARY METHOD OF SUPPORTING JEFFERSON HOSPITAL HAS BEEN TO PROVIDE RESOURCES AND ASSISTANCE IN THE DEVELOPMENT AND IMPLEMENTATION OF JEFFERSON HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THIS ASSISTANCE INCLUDED THE FOUNDATION'S EXECUTIVE DIRECTOR BEING NOMINATED BY THE PRESIDENT/CEO OF JEFFERSON HOSPITAL OF THE ALLEGHENY HEALTH NETWORK (AHN) TO SERVE ON ITS COMMUNITY HEALTH

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NEEDS ASSESSMENT ADVISORY COMMITTEE. THE FOUNDATION BOARD REVIEWED THE RESULTS OF BOTH THE ALLEGHENY HEALTH NETWORK CHNA AND THE ALLEGHENY COUNTY HEALTH DEPARTMENT CHNA (EACH ADOPTED IN 2015) AND COMPARED THOSE RESULTS TO THE FOUNDATION PRIORITIES. THE BOARD FOUND STRONG ALIGNMENT AND VERIFIED THE FOUNDATION'S CONTINUED SUPPORT FOR JEFFERSON HOSPITAL'S AREAS OF PRIORITY. THE BOARD ALSO CONTINUES TO BE GUIDED BY THE PREVIOUS JEFFERSON HOSPITAL CHNA COMPLETED IN 2012 AS WELL AS ITS REVIEW OF EMERGING COMMUNITY NEEDS. THE FOUNDATION STAFF MEETS MONTHLY WITH THE JEFFERSON HOSPITAL CEO AS WELL AS REGULARLY WITH THE DIRECTOR OF COMMUNITY OUTREACH TO DISCUSS JOINT PROJECTS AND COMMUNITY ISSUES. THE FOUNDATION ALSO FACILITATES INTRODUCTORY MEETINGS BETWEEN KEY COMMUNITY ORGANIZATIONS AND HOSPITAL LEADERSHIP-SEVERAL OF WHICH HAVE LED TO JOINT PROJECTS (I.E. TRANSPORTATION, COLLABORATION WITH FQHC, REFERRALS FOR HUMAN SERVICE NEEDS). HOSPITAL LEADERSHIP IS ACTIVE IN THE JEFFERSON COMMUNITY COLLABORATIVE, WHOSE ACTIVITIES HAVE INCLUDED HELPING TO DESIGN AND DISTRIBUTE THE JEFFERSON COMMUNITY DIRECTORY. ADDITIONALLY, THE HOSPITAL'S CEO/PRESIDENT WAS A PRESENTER AT THE JEFFERSON FORUM.

IN ADDITION TO ITS PARTICIPATION IN THE CHNA PROCESS, THE FOUNDATION AWARDED 30 NEW GRANTS TOTALING \$1,818,500 TO ORGANIZATIONS WHICH SUPPORT ITS MISSION TO FOCUS ON HEALTH AND WELLNESS IN THE JEFFERSON HOSPITAL COMMUNITY (INCLUDING THE AREAS KNOWN AS THE SOUTH HILLS AND LOWER MON VALLEY OUTSIDE PITTSBURGH, PENNSYLVANIA) IN ITS RECENT YEAR ENDING JUNE 30, 2016. TEN GRANTS WERE AWARDED IN EACH OF THREE PRIORITY AREAS: (1) INCREASING HEALTH ACCESS AND PREVENTION, (2) IMPROVING CHILD AND FAMILY OUTCOMES, AND (3) STRENGTHENING POPULATIONS AND COMMUNITIES.

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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TEN GRANTS TOTALING \$600,000 AWARDED TO INCREASE HEALTH ACCESS AND PREVENTION:

INCLUDING THE \$200,000 GRANT TO THE SQUIRREL HILL HEALTH CENTER DESCRIBED IN PART III, LINE 4A, THE FOUNDATION HAS AWARDED \$600,000 FOR 10 PROGRAMS RELATED TO ITS PRIORITY ON INCREASING HEALTH ACCESS AND PREVENTION.

IN ADDITION TO ADDRESSING MENTAL HEALTH ISSUES THROUGH THE ALLEGHENY HEALTH CHOICES PROGRAM WHICH IS MORE FULLY DESCRIBED IN PART III, LINE 4C, THE FOUNDATION HAS PROVIDED A GRANT TO SALTWORKS (\$15,000) WHICH WILL OFFER LIVE THEATRE PRODUCTIONS, TALKBACKS AND TEACHER CURRICULUM MATERIALS FOR LOCAL MIDDLE AND HIGH SCHOOLS USING A PLAY CALLED OFF'SCRIPT TO INCREASE KNOWLEDGE ABOUT THE MISUSE OF PRESCRIPTION DRUGS. JEFFERSON HOSPITAL RECEIVED SUPPORT (\$10,000) TO ASSIST SCHOOL NURSES IN THREE LOCAL DISTRICTS TO ACCOMPLISH IMPORTANT STUDENT HEALTH SCREENINGS AS WELL AS AN ANNUAL SPONSORSHIP (\$50,000) TO SUPPORT AHN DEVELOPMENT EVENTS.

ADDRESSING ISSUES RELATED TO SUBURBAN POVERTY, THREE OF THESE PROGRAMS WORK TO STRENGTHEN ACCESS TO FOOD FOR LOCAL RESIDENTS. IN ADDITION TO THE GRANT TO THE SQUIRREL HILL HEALTH CENTER DESCRIBED IN PART III, LINE 4A, ABOVE, THE LOCAL BRANCH OF COMMUNITY COLLEGE OF ALLEGHENY COUNTY (CCAC SOUTH) WAS AWARDED \$25,000 TO IMPLEMENT AN INNOVATIVE CAMPUS-BASED FOOD PANTRY IN PARTNERSHIP WITH THE GREATER PITTSBURGH COMMUNITY FOOD BANK DESIGNED TO INCREASE FOOD ACCESS AND IMPROVE STUDENT RETENTION. 412 FOOD RESCUE RESCUES VIABLE PRODUCE FROM RETAILERS AND USES A VOLUNTEER NETWORK TO PROMPTLY DELIVER FOOD TO

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NONPROFIT COMMUNITY PARTNERS. 412 FOOD RESCUE WILL ALSO PARTNER WITH SEVERAL FAMILY SUPPORT CENTERS TO OFFER A FOOD EDUCATION PROGRAM TO SUPPORT HEALTHY EATING. THE FOUNDATION AWARDED \$25,000 TO 412 FOOD RESCUE TO ASSIST IN THESE EFFORTS. THE GREATER PITTSBURGH COMMUNITY FOOD BANK WAS AWARDED \$80,000 TO SUPPORT NEW EQUIPMENT, LINES OF CREDIT AND ENHANCED REFERRAL CAPACITY FOR 45 FOOD ASSISTANCE PROGRAMS IN THE JEFFERSON AREA.

A SUPPORT GROUP FOR TEEN GIRLS LIVING WITH DIABETES WILL SEEK A SUSTAINABLE MODEL AS PART OF THE ALBERT SCHWEITZER FELLOWSHIP PROGRAM (\$10,000).

TRANSPORTATION ACCESS IS A FACTOR IN HEALTHY LIVING-ECONOMIC DEVELOPMENT SOUTH RECEIVED A \$50,000 GRANT FOR A FEASIBILITY STUDY TO EXPLORE A REGIONAL TRANSIT CIRCULATOR FOR THE AREA.

TEN GRANTS TOTALING \$517,500 AWARDED TO IMPROVE CHILD AND FAMILY OUTCOMES:

SEVERAL GRANTS AWARDED THIS YEAR SUPPORT YOUTH DURING OUT-OF-SCHOOL TIME TO DEVELOP SKILLS IN LEADERSHIP, ACADEMICS, AND HEALTH AND WELLNESS, INCLUDING THE BEST OF THE BATCH FOUNDATION'S SUMMER CAMP PROGRAM IN HOMESTEAD (\$10,000), GWEN'S GIRLS FOR EXPANSION OF THE CLUBHOUSE PROGRAM (\$63,500 FOR TWO YEARS WITH \$32,500 IN YEAR ONE), THE EMERGING LEADERS PROGRAM OF THE HUMAN SERVICES CENTER CORP IN WEST MIFFLIN (\$105,000 FOR THREE YEARS AT \$35,000 A YEAR) AND YOUTH OPPORTUNITIES DEVELOPMENT (\$85,000) FOR STAY POSITIVE CLAIRTON. THE STUDENT CONSERVATION ASSOCIATION PROGRAM (\$45,000) SUPPORTS 20 YOUTH

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FOR SUMMER CONSERVATION WORK IN SOUTH PARK. IN A JOINT PROJECT OF THE CLAIRTON YOUTH COLLABORATIVE, SEVERAL AFTERSCHOOL AND SUMMER YOUTH PROGRAMS IN THAT COMMUNITY WILL ADDRESS THE NEED TO INCREASE STUDENT DECISION-MAKING SKILLS BY USING THE SAME EVIDENCE-BASED LIFE SKILLS CURRICULUM WITH TRAINING AND GUIDANCE OFFERED BY ADAGIO HEALTH (\$49,000).

SEVERAL PROGRAMS ARE DESIGNED TO SERVE YOUNG CHILDREN AND FAMILIES. AN INNOVATIVE PROGRAM TO PROVIDE PREGNANCY SUPPORT USING TRAINED DOULAS IS BEING OFFERED IN THE AREA BY EVERY CHILD INC. (\$75,000 FOR TWO YEARS WITH \$50,000 IN YEAR ONE). SINGLE PARENTS WHO ARE COMPLETING THEIR EDUCATION AND RAISING YOUNG CHILDREN WILL BENEFIT FROM A PROGRAM WHICH OFFERS QUALITY CHILDCARE AND FAMILY SUPPORT THROUGH ANGELS' PLACE (\$20,000). THE YWCA (\$50,000 FOR TWO YEARS WITH \$35,000 IN YEAR ONE) WILL WORK TO INCREASE ACCESS TO QUALITY CHILDCARE IN THE AREA BY OFFERING SUPPORT TO HOME DAYCARE CENTERS TO MEET NEW LICENSING REQUIREMENTS SO THEY CAN INCREASE THEIR CAPACITY. THE BEVERLY'S BIRTHDAYS PROGRAM (\$15,000) WILL PARTNER WITH A DOZEN LOCAL ORGANIZATIONS TO OFFER BIRTHDAY CELEBRATIONS TO CHILDREN IN VULNERABLE CIRCUMSTANCES.

TEN GRANTS TOTALING \$701,000 AWARDED TO STRENGTHEN VULNERABLE POPULATIONS AND COMMUNITIES:

IN ADDITION TO THE GRANT TO THE ALLEGHENY COUNTY LIBRARY ASSOCIATION DISCUSSED AT PART III, LINE 4B, THE FOUNDATION MADE A CAPACITY-BUILDING GRANT TO A KEY LOCAL ORGANIZATION, SOUTH HILLS INTERFAITH MINISTRIES (SHIM) FOR \$100,000 TO PROVIDE SUPPORT FOR THE DEVELOPMENT AND

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MARKETING OF A COMMUNITY OUTREACH PROGRAM TO HELP FUND GROWING SERVICE DEMANDS IN THE SOUTH HILLS AREA. G-TECH STRATEGIES (\$115,000 TOTAL FOR TWO YEARS WITH \$75,000 IN YEAR ONE) WILL FOSTER COMMUNITY HEALTH AND REVITALIZATION BY GUIDING RESIDENTS IN CLAIRTON TO SURVEY AND DEVELOP COMMUNITY PROJECTS FOR TEN VACANT LOTS IN THE COMMUNITY.

ANOTHER CAPACITY GRANT LEVERAGES THE RESOURCES OF A ROBUST DATABASE AT THE UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH (UCSUR) AT THE UNIVERSITY OF PITTSBURGH (\$31,000) BY PROVIDING TARGETED COMMUNITY DATA PROFILES, TRAININGS AND INDIVIDUAL TECHNICAL ASSISTANCE TO HELP LOCAL COMMUNITY ORGANIZATIONS BUILD THEIR KNOWLEDGE AND UTILIZATION OF KEY INDICATORS.

POST-9/11 MILITARY VETERANS IN THE JEFFERSON HOSPITAL COMMUNITY WILL BENEFIT FROM AN OUTREACH PROGRAM OF THE VETERAN'S BREAKFAST CLUB (\$35,000) THROUGH STORYTELLING, LEADERSHIP AND COMMUNITY ENGAGEMENT.

TWO GRANTS ARE PROVIDING IMPORTANT RESOURCES FOR OLDER ADULTS AND THEIR CAREGIVERS. A PILOT PARTNERSHIP LED BY UNITED WAY OF SOUTHWEST PA (\$92,000 FOR TWO YEARS WITH \$50,000 IN YEAR ONE) WILL ENGAGE TRAINED COMMUNITY COLLEGE OF ALLEGHENY COUNTY- SOUTH STUDENTS TO PROVIDE QUALITY IN-HOME RESPITE CARE FOR CAREGIVERS AND PROMOTE INTERGENERATIONAL MENTORING BY OLDER ADULTS WITH GUIDANCE FROM FAMILY SERVICES OF WESTERN PA STAFF. LOCAL SENIORS, CAREGIVERS AND SUPPORTING PROFESSIONALS WILL BENEFIT FROM EDUCATION AND TECHNICAL ASSISTANCE PROVIDED THROUGH THE PA HEALTH LAW PROJECT (\$30,000) AS PENNSYLVANIA PILOTS A NEW MANAGED CARE PROGRAM WHICH WILL CREATE SIGNIFICANT CHANGES IN ACCESSING LONG-TERM CARE SERVICES AT HOME OR IN A NURSING FACILITY.

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THE SOUTH HILLS AREA HAS BECOME HOME TO AT LEAST 40% OF THE COUNTY'S IMMIGRANT POPULATION. THE LATINO FAMILY CENTER OF THE ALLEGHENY INTERMEDIATE UNIT (\$25,000) WILL ADDRESS THE NEEDS OF ITS GROWING POPULATION THROUGH A STRATEGIC EVALUATION OF THE ORGANIZATION AS WELL AS THE PURCHASE OF FURNITURE FOR ITS NEW SITE. LIFESPAN (\$60,000) IS LEADING A MULTI-AGENCY COLLABORATION TO ADAPT A SENIOR SERVICES CENTER TO THE NEEDS OF 200 LOCAL SENIOR IMMIGRANTS TO IMPROVE THEIR SOCIALIZATION, EDUCATION AND WELLNESS. JEWISH FAMILY AND CHILDREN'S SERVICE (\$50,000) PROVIDES SPECIALIZED LEGAL SERVICES TO RESOLVE BARRIERS RELATED TO CITIZENSHIP, WORK AND FAMILY WHICH CAN REDUCE THE POTENTIAL OF NEW RESIDENTS TO LIVE HEALTHIER LIVES AND CONTRIBUTE ECONOMICALLY TO THE REGION.

EXPENSES \$ 1,784,083. INCLUDING GRANTS OF \$ 1,320,500. REVENUE \$ 0.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES, CONTINUED:

2.2ND ANNUAL JEFFERSON FORUM

ON MAY 4, 2016, THE JEFFERSON REGIONAL FOUNDATION HOSTED ITS SECOND DAYLONG NETWORKING AND LEARNING EVENT FOR THE JEFFERSON HOSPITAL COMMUNITY-AT FULL CAPACITY WITH 250 PARTICIPANTS. THE FOUNDATION BOARD COMMITTED TO CONTINUE THE FORUM AFTER EVALUATIONS OF THE FIRST FORUM INDICATED TREMENDOUS SUPPORT FOR MAKING THIS AN ANNUAL EVENT, AS WELL AS A STRONG PREFERENCE THAT THE FOUNDATION SERVE AS ACTIVE CONVENER AND CONNECTOR, AS WELL AS AN INFORMATION BANK OF LOCAL RESOURCES AND DATA.

THE JEFFERSON FORUM: OPPORTUNITIES FOR A CHANGING COMMUNITY WAS HIGHLY RATED BY ALL PARTICIPANTS WHO REPRESENTED 135 ORGANIZATIONS, INCLUDING

Name of the organization

JEFFERSON REGIONAL FOUNDATION

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NONPROFIT PROVIDERS, LIBRARIES, CHURCHES, UNIVERSITIES, JEFFERSON HOSPITAL, OTHER FOUNDATIONS, GOVERNMENT AGENCIES, AND THE FOUNDATION BOARD OF DIRECTORS. THE FORUM INCLUDED SPEAKERS, A PANEL AND 8 WORKSHOPS DESIGNED TO INFORM AND BUILD SKILLS, AS WELL AS FREE COACHING SESSIONS OFFERED BY SEVERAL NONPROFIT CONSULTANTS. AN ONSITE BIG IDEA VIDEO BOOTH ALLOWED PARTICIPANTS TO TAPE AND SHARE THEIR IDEAS AND THE RESULTS WERE EDITED AND SHARED AT THE CLOSING SESSION. AN OPENING VIDEO HIGHLIGHTED THE FOUNDATION'S RELATIONSHIP WITH PARTNERS SUCH AS GRANTEES, JEFFERSON HOSPITAL AND THE COLLABORATIVE. A LOCAL THEATRE TROUPE ALSO PRESENTED SCENES FROM A PREVENTION PLAY ABOUT OVERDOSE DEATHS.

3. INFORMATION- SHARING

IN THE FALL OF 2015, THE FOUNDATION ALSO PRODUCED ITS FIRST REPORT TO THE COMMUNITY, TITLED OUR HEALTH BEGINS HERE. IT COVERS THE PERIOD FROM MARCH 2013, WHEN THE FOUNDATION WAS CHARTERED TO BEGIN ITS COMMUNITY GRANTMAKING, THROUGH JUNE 30, 2015. THE 20 PAGE REPORT INCLUDES A DESCRIPTION OF THE FOUNDATION'S GRANT PRIORITIES, GRANT GUIDELINES AND GRANT AWARDS DURING THAT PERIOD. IT INCLUDES QUICK VIEWS OF COMMUNITY DATA THROUGHOUT THE REPORT AS WELL AS THE RESULTS OF THE FIRST JEFFERSON FORUM. THE THEME OF THE REPORT IS "YOUR ZIP CODE MAY BE AS IMPORTANT AS YOUR GENETIC CODE." A PRINT VERSION OF THE REPORT CONTINUES TO BE DISTRIBUTED WITH UPDATED GRANT AWARD LISTS AND IT IS ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE.

THE FOUNDATION HAS ENGAGED THE UNIVERSITY CENTER FOR SOCIAL AND URBAN RESEARCH (UCSUR) OF THE UNIVERSITY OF PITTSBURGH, WHICH MAINTAINS A

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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DATABASE OF COMMUNITY INDICATORS, FOR SEVERAL LOCAL PROJECTS. UCSUR HAS DEVELOPED ONE PAGE DATA OVERVIEWS OF LOCAL COMMUNITIES-CALLED COMMUNITY SNAPSHOTS. THESE WERE LAUNCHED AT THE 2ND JEFFERSON FORUM AND ARE NOW AVAILABLE ON THE FOUNDATION WEBSITE FOR USE BY COMMUNITIES AND ORGANIZATIONS. UCSUR PROVIDES INDIVIDUAL COACHING TO LOCAL ORGANIZATIONS ON THE USE OF COMMUNITY INDICATORS AND WILL ALSO OFFER GROUP TRAININGS.

4. COMMUNITY INITIATIVES

IN ADDITION TO THE COLLABORATIVE NOTED ABOVE, THE FOUNDATION ALSO CONVENES OTHER GROUPS WHICH CAN COOPERATE FOR LARGER COMMUNITY BENEFIT AND INCREASED QUALITY AND CAPACITY. THE FOUNDATION HOSTED A MEETING OF LOCAL OUT OF SCHOOL TIME PROGRAMS-WHICH SERVE YOUTH BY PROVIDING AFTERSCHOOL AND SUMMER PROGRAMMING AND THE GROUP ASKED TO CONTINUE THOSE MEETINGS. THE FOUNDATION CO-LED A COUNTYWIDE INITIATIVE WHICH DEVELOPED A COMMUNITY BLUEPRINT FOR IMMIGRANT INTEGRATION AND LEVERAGED THE INTEREST AND SUPPORT OF OTHER FUNDERS AND STAKEHOLDERS. THE FOUNDATION STAFFS AN ALLIANCE OF YOUTH PROGRAMS IN THE CITY OF CLAIRTON AND ALSO SUPPORTS AND PARTICIPATES IN A LARGER EFFORT TO BUILD COMMUNITY AND ECONOMIC CAPACITY IN THAT CITY THROUGH SEEKING LONGER-TERM CORPORATE TAX CREDIT SUPPORT FROM THE STATE OF PENNSYLVANIA.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER GARY EVANS IS THE SPOUSE OF BOARD MEMBER KAREN EVANS. DURING THE TAX YEAR, BOARD MEMBER HARRY SICHU WAS A PARTNER IN THE SAME FIRM FOR

Name of the organization

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WHICH BOARD MEMBER EDWARD MARASCO WORKED.

FORM 990, PART VI, SECTION B, LINE 11:

THE FINAL VERSION OF THE 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW.

INFORMATION AND ITEMS CAN BE CLARIFIED AND CONFIRMED WITH EXECUTIVE

MANAGEMENT AND OTHER MEMBERS OF THE BOARD. CORRECTIONS AND CLARIFICATIONS

ARE SUBMITTED OR SUGGESTED PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEWS ARE CONDUCTED AND MAY INCLUDE ASSISTANCE FROM OUTSIDE

ADVISORS TO ENSURE JEFFERSON REGIONAL FOUNDATION IS OPERATING IN A MANNER

CONSISTENT WITH ITS CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES

THAT COULD JEOPARDIZE ITS TAX EXEMPT STATUS. A DISCLOSURE PROCEDURE

OUTLINED IN THE CONFLICT OF INTEREST POLICY INCLUDES SUBMISSION OF THE

ANNUAL DISCLOSURE STATEMENT AS WELL AS LETTERS, MEMOS OR OTHER DISCLOSURES

TO THE BOARD. THIS PROCEDURE IS MONITORED BY OTHER MEMBERS OF THE BOARD AS

WELL AS LEGAL COUNSEL. THE SCOPE OF COVERAGE FOR THE CONFLICT OF INTEREST

POLICY IS DIRECTED TOWARDS "POTENTIALLY INTERESTED PARTIES" INCLUDING, BUT

NOT LIMITED TO: DIRECTORS, OFFICERS, KEY EMPLOYEES, MEMBERS OF A COMMITTEE

WITH BOARD DELEGATED POWERS, PERSONS WHO HAVE AUTHORITY TO ENTER INTO

CONTRACTS OR AGREEMENTS, PERSONS WITH ACCESS TO RESTRICTED, SENSITIVE OR

CONFIDENTIAL INFORMATION WHICH COULD BE VALUABLE TO NON-JEFFERSON REGIONAL

FOUNDATION ENTITIES, AND PERSONS WITH A SIGNIFICANT FINANCIAL INTEREST OR

INFLUENTIAL INTEREST. JEFFERSON REGIONAL FOUNDATION PRESIDENT AND CHIEF

OPERATING OFFICER, BY AUTHORITY OF THE BOARD, IS THE DESIGNATED

ADMINISTRATOR FOR INTERPRETATION AND IMPLEMENTATION OF THIS POLICY AND ALL

PROCEDURES RELATING TO IT. FAILURE TO COMPLY WITH THIS POLICY MAY INCLUDE A

DETERMINATION FOR THE POTENTIALLY INTERESTED PARTY TO SEVER ALL TIES WITH

Name of the organization JEFFERSON REGIONAL FOUNDATION	Employer identification number 56-2420913
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JEFFERSON REGIONAL FOUNDATION.

THE GOVERNANCE COMMITTEE IS IN PLACE AND IN ITS COMMITTEE CHARTER HAS ADDITIONAL OVERSIGHT TO DEVELOP AND UPDATE CONFLICT OF INTEREST AND ETHICAL GUIDELINES FOR THE BOARD, PROVIDE BOARD EDUCATION ON THESE MATTERS AND MAKE RECOMMENDATIONS REGARDING UPDATES OR IMPLEMENTATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD PROVIDES OVERSIGHT OF THE COMPENSATION PROCESS AS IT IS DESIGNATED TO SERVE AS PERSONNEL COMMITTEE. THE COMMITTEE IS LED IN PERSONNEL FUNCTIONS BY THE PRESIDENT OF THE FOUNDATION. AS PART OF ITS ENGAGEMENT WITH THE FOUNDATION, AN OUTSIDE CONSULTING FIRM, WHICH SPECIALIZES IN NONPROFIT TALENT MANAGEMENT, PROVIDED COMPARABLE COMPENSATION INFORMATION FOR THE FOUNDATION'S KEY COMPENSATED POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR AND PROGRAM OFFICER. TWO PRIMARY SOURCES WERE USED TO DEVELOP BENCHMARK INFORMATION: A GRANTMAKERS SALARY AND BENEFIT SURVEY COMPILED BY THE COUNCIL ON FOUNDATIONS AND A REGIONAL NONPROFIT SURVEY PUBLISHED BY THE UNITED WAY IN COLLABORATION WITH A LOCAL UNIVERSITY'S NONPROFIT MANAGEMENT PROGRAM. THIS INFORMATION PROVIDED DETAIL ON SALARY RANGES RELATIVE TO THE ASSET SIZE OF SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWED ALL OF THIS INFORMATION IN DETERMINING COMPENSATION, MADE ITS DETERMINATIONS, AND FULLY REPORTED DIRECTLY ITS DELIBERATIONS AND ACTIONS TO THE BOARD. THE REVIEW AND APPROVAL PROCESS FOR THE DETERMINATION OF COMPENSATION IS DOCUMENTED VIA BOARD AND COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS POSTED ON THE FOUNDATION'S WEBSITE. THE FOUNDATION ALSO PRODUCES A BIENNIAL REPORT (MOST RECENT 2013-2015) INCLUDING FINANCIAL AND

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **JEFFERSON REGIONAL FOUNDATION** Employer identification number **56-2420913**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEFFERSON REGIONAL MEDICAL CENTER - 25-1260215, P O BOX 18119; COAL VALLEY RD, PITTSBURGH, PA 15236-0119	HOSPITAL	PENNSYLVANIA	501(C)(3)	3	ALLEGHENY HEALTH NETWORK		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. JEFFERSON REGIONAL FOUNDATION	Employer identification number (EIN) or 56-2420913
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 565 COAL VALLEY ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JEFFERSON HILLS, PA 15025	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHARLES R. MODISPACHER, PRESIDENT/CEO

- The books are in the care of ▶ **565 COAL VALLEY ROAD - JEFFERSON HILLS, PA 15025**
Telephone No. ▶ **412-267-6766** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.